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THE AMERICAN SOCIETY OF SANITARY AND MORAL PROPHYLAXIS, ITS AIMS AND OBJECTS *

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MADAM President and Members of the New York State Nurses' Association:

At the request of your President, I have been delegated by Dr. Morrow, President of the American Society of Sanitary and Moral Prophylaxis, to speak to you to-day upon the aims and objects of our society.

To quote from Article 3 of the constitution:

"The object of this Society is to limit the spread of diseases which have their origin in the Social Evil. It proposes to study every means, sanitary, moral, and administrative, which promises to be most effective to this purpose."

Members of the society are elected from the medical profession and laity, and many women have joined. These latter are largely teachers, settlement workers, nurses, etc. The annual dues are two dollars, and there is no initiation fee. Meetings are held at the New York Academy of Medicine, and notices of these appear in the medical press and elsewhere, and are sent to members. The headquarters of the society are in New York City, with branches in other cities of the United States. The active work of the society is done by an executive and the following standing committees: Committees on Education, on Treatment, on the Social Evil, on Legislation, on Publication.

It is possible in this paper only to consider briefly the two important reasons that have caused to be formed in America, as well as in many European countries, including France, Germany, Italy, Spain, etc., societies with the above objects.

To these I invite your attention:

First. Venereal infection falls hardest upon innocent women and children, who have committed no indiscretion, but are infected by the husband or father.

Second. It is due to ignorance in probably a majority of cases

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that the disease is in the first instance contracted. We must feel sure that in almost all cases it is ignorance that allows a man to jeopardize the health and many times the life of his wife or child by marrying while the subject of venereal infection. Yet, on the other hand, those of us who constantly see these diseases are many times appalled at the selfishness of some men.

To combat this ignorance, which is confined to no particular part of the community, will be the chief aim of the society. Its message must be carried to all sorts and conditions of men and women, as the so-called better classes have as much need of proper instruction in these matters as the sweat-shop worker; for venereal diseases come close to nearly every man, and so to his family, during some part of his career.

To consider the first proposition: what is the danger of venereal infection to the young wife and unborn child?

In 1901 the Committee of Seven, of the Medical Society of the County of New York, issued their report on "The Prophylaxis of Venereal Diseases in New York City."¹

In order to obtain an approximate idea of the number of cases occurring in a single year, a circular letter of inquiry was sent by the committee to each of the 4,750 physicians resident in Greater New York. In this letter the work of the committee was briefly outlined, and a list of questions given regarding the number of venereal cases treated in private practice, age and sex of patients, complications, sources of infection, etc., to be answered by each physician. Eight hundred and eighty-six replies were received to these circular letters. A number of these were unavailable for various reasons, which reduced the total used to 678. The total number of cases reported by these 678 physicians, and preserved by the committee for future reference, was 23,196 cases of gonorrhoea and 7,200 cases of syphilis. Many of the eye, ear, and throat men, gynecologists, neurologists, etc., admitted that they treated a large number of venereal cases, but as it was usually for complications, or late manifestations, the cases were recorded under other titles and so were unavailable. No cases of chancroid, the purely local venereal ulcer, were included.

Taking this aggregate of 23,196 cases reported by 678 physicians, it was estimated by the committee that the total number of new venereal cases occurring in Greater New York in this particular year was, in private practice, at least 162,372.

While it may be inferred that many of these cases appear twice or oftener on account of the well known habit of this class of patients to drift from one physician to another, the committee believed the

estimate to be below the number of actual cases, as no consideration was taken of the large number of cases treated by advertising physicians and druggists. It is estimated in Europe that from twenty-five to fifty per cent. of venereal cases are treated by charlatans. In this country probably as large a percentage is treated by quacks, by druggists, and by self medication with certain well advertised nostrums.

Upon analysis of the statistics arranged by the committee, under gonorrhœa are grouped 12,956 men and 1,941 women. The preponderance of males is explained by the fact that many reporters did not state the sex of their patients, but simply stated so many cases of gonorrhœa, and so many cases of syphilis, and all such cases were tabulated as males.

Among the women, pelvic complications occurred in nearly forty per cent.

Among children there were 205 cases of ophthalmia.

In the group of syphilis there were 1,657 cases in women, 61 children with acquired syphilis, apparently due to contagion in family life, and 468 children with hereditary syphilis. When it is recalled that considerably over eighty per cent. of children with hereditary syphilis die, it will be seen that this number surviving indicates a very large total death rate among infants from this disease.

Nine hundred and eighty-eight cases of marital infection were reported, presumably, as is the rule, from husband to wife.

Of the forty-five charitable institutions and dispensaries in Manhattan, nine declined permission to inspect their records, or refused to give the desired information, on the ground that they did not receive venereal cases. The thirty-six who allowed their books to be inspected furnished records of 14,649 cases of gonorrhœa, and 7,607 cases of syphilis, a total of 22,256 treated during the year. There were 9,452 cases reported simply as venereal diseases, in which there was no division of gonorrhœal and syphilitic cases, swelling the list to 31,708.

The following is quoted from the report: "In addition there were found upon the records of the dispensaries 3,907 cases of chancroid, 898 cases of epididymitis and orchitis, 332 cases of cystitis, 414 cases of bubo, 261 cases of venereal warts, 172 cases of balanitis and phimosis, 523 cases of ophthalmia, 142 of ophthalmia neonatorum, 19 of vulvovaginitis in children, 195 of hereditary syphilis; 30 of the cases were caused by extra-genital infection. This by no means represents the amount of venereal diseases treated in our public institutions. Although gonorrhœa and syphilis are ostensibly not treated in the general hospitals of this city, we find records of cases in the few investigated—many thousands altogether—in which the sequelæ of gonorrhœa and the late

systemic manifestations of syphilis are received and treated, but entered under names which are not recognized by the laity as indicating a venereal origin. Thus in one of the eye hospitals there were 136 cases classed as purulent ophthalmia, in all of which the gonococcus had been identified by bacteriological examination as the pathogenetic factor. In the same institution there were 38 cases of interstitial keratitis, indubitably of syphilitic origin, but not indicated in the record. It would seem that, in the society of diseases, venereal diseases represent the criminal classes—they are disreputable; they have a bad character, and, like most criminals, when they consort with the respectable element they masquerade under an alias, so that in a public hospital it has been ordained that they appear not under their true names, but disguised under a variety of aliases which do not betray their venereal origin.

The annual reports of a few of our general hospitals record 371 cases of salpingitis, 1,762 of endometritis, 335 of pyosalpinx, 45 of salpingo-ovaritis, 48 of vulvovaginal abscess, 169 of vaginitis, 651 of stricture, 173 of gonorrhœal rheumatism. Altogether there were collected records of 9,731 cases, including many cases in the hospitals under titles indicating their venereal origin, making a total of 41,439. The records of the hospitals also abound with cases of locomotor ataxia, rickets, cerebral and spinal accidents, monoplegias, hemiplegias, general paralysis, epilepsy, and various nervous affections, in which syphilis is a common etiological factor.

It would seem a strange perversion of the proper purposes of charitable institutions, that a patient is debarred entrance into our general hospitals when the disease is acute and a source of danger to others, but he is readily admitted when suffering from the remote effects of the disease, which might have been prevented by prompt treatment.

Practically the hospitals proclaim to this class of patients: "We cannot receive you when your disease is acute and curable, but when your gonorrhœa has developed into stricture, salpingitis, peritonitis, or when your syphilis has affected important central organs, the brain, the spine, the organs of special sense, you may be received, but your disease shall be baptized under another name which does not offend the refined susceptibilities of our patrons."

The committee must censure the attitude of the governing boards of our hospitals in excluding all mention of venereal diseases from their reports, as if it were a shame and a reproach. While it may be true that a respectable syphilis does not exist, they give the public the impression that it is almost as disgraceful to treat syphilis as to contract it.

It will be observed that these statistics were confined to certain

institutions in the borough of Manhattan. The island institutions, the Penitentiary, Workhouse, House of Refuge, and many of the public hospitals were not visited. The institutions in Brooklyn and other boroughs were not investigated.

The only available basis for a comparative estimate of venereal morbidity in the other boroughs appeared to be the mortality statistics of all the public institutions of Greater New York. The deaths for 1899 in the public institutions of the borough of Manhattan were 10,157. The deaths in the institutions of all the other boroughs were 5,400, a little over one-half. Applying this basis of calculation, the total number of cases of venereal diseases treated in the institutions in Greater New York would foot up to a total of 62,157 cases; this, with the cases treated in private practice, would make a grand total of about 225,000 in both private and public practice.

This total the committee regards as rather under than above the actuality. The figures do not, of course, represent the sum total of venereal morbidity, but only the number of cases actually treated during the year. There is no class of diseases so serious in their direct and ultimate effects upon the health of the individual, which is so apt to remain untreated. One cause is the ignorance of their significance on the part of patients; another is the feeling of shame and fear of detection on account of the publicity inseparable from the conditions under which dispensary treatment is given.

MORTALITY FROM VENEREAL DISEASES

During the year 1900 there were recorded 177 deaths due to syphilis. The Health Department officials admitted that these figures gave no idea of the actual number of deaths. The following causes of death are mentioned as those in which, in a very large proportion of cases, syphilis may be considered the real cause: premature birth, 1,179; marasmus, 2,136; hydrocephalus, 28; locomotor ataxia, 50; general paresis, 341; softening of the brain, 875; hemiplegia, 232; paraplegia, 96.

Gonorrhoea may be found masking under other names, such as the following: ovarian diseases, 141 deaths; diseases of the uterus and vagina, 137; pelvic abscess, 27.

I have quoted freely from "The Report of the Committee of Seven" in an effort to show you the enormous number of venereal infections that occur in a single year.

As to the mortality rate, it is impossible to estimate the number

of deaths directly or indirectly due to venereal infection. Consideration for the family, many times, will impel the physician to write a cause of death in the certificate that but vaguely, if at all, indicates a venereal origin to the statistician.

This brings us to a consideration of what has been done, and is being done, in the effort to combat these, perhaps the gravest and most common of human ills, and to spread broadcast correct information to take the place of the ignorance the results of which fall so heavily upon the innocent.

PROPHYLAXIS

Regulation.—In France and some other countries of continental Europe good results have been claimed from the regulation of prostitution by its municipal control, the constant work of the medical examiners eliminating, in a measure, the women conspicuously diseased. On account of the present public sentiment in this country, little effort can be made in this direction; but, while there are many strong arguments against it, it must not be entirely laid aside, as in the future regulation may meet with more general approval and some success.

The chief deficiency in the law licensing prostitutes is that it takes no account of the male delinquent who goes on his way spreading infection. An excellent account of the French system of regulation is given in a paper by Professor Tuffier of Paris, "The War Against the Venereal Diseases in France," presented at the last meeting of the American Medical Association, and published in the *Journal of the Association* for October 20, 1906.

Segregation.—The isolation of prostitutes in certain sections of cities meets with the same sentimental objections as does "regulation," in this country. There are undoubted arguments in its favor, but they need not be considered under present circumstances.

Regulation by the Department of Health.—It has been suggested that venereal diseases be reported to the Health Department, as are other contagious diseases. As I have said in another paper,² if this were carried out, with the patient's name, etc., recorded, it would soon become known, and patients would seek medical attention from the quacks or certain unscrupulous druggists, who would not report them to the department.

It is proposed by the Committee of Seven that cases might be reported to the Department of Health omitting the names of patients. If this was compulsory, and was done by private practitioners and by officials of hospitals and dispensaries treating these diseases, much valuable information could be collected.

The control of diseased women by the Health Department would be regarded as "regulation," and would not meet with general approval.

There now remains for consideration the only means of prophylaxis that is feasible at present in this country, and practically the only one with which much effort will be made at present by the American Society.

Education.—With the present feeling in this country regarding the Social Evil, this is the only means we can employ in fighting venereal diseases.

Any control of public women by police or sanitary authorities must admit that, under certain restrictions, they may be permitted to follow their calling. This is so averse to present public sentiment that it cannot yet be considered, even in a very small degree.

How the general public, and particularly the youth of the country, can best be informed of the grave dangers of venereal infection, has been the main subject of discussion at the meetings of the American Society.

The distribution of carefully prepared literature, and the sending of speakers to colleges, institutions, and the meetings of various societies, may be said to cover the present work.

The preparation of the material for pamphlets is by no means easy, as what may be suited to one set of people may absolutely fail to appeal to some other apparently similar group. Much time has, therefore, been given by the society to the discussion of various plans. The following is an example of the programmes of the earlier meetings:

SUBJECTS FOR DISCUSSION

1. Should the youth of this country be educated in a knowledge of Sexual Physiology and Hygiene?
2. What should be the nature and scope of this education?
3. At what age should this instruction be given, and should it be progressive according to the age of the individual?
4. Through what agencies should this instruction be given—through parents, physicians, or teachers? Should our educational centres—high-schools, colleges, and universities—be utilized for this purpose?
5. Should the teaching of Sexual Physiology be incorporated in our textbooks of Elementary Hygiene?

In the effort to interest certain people in this great question, the society has frequently been met with the statement that disease and hygiene are concerns of the medical profession alone, and particularly when the diseases are those that are not commonly discussed. If these matters are not talked about, or written about, directly to the general public, how can we hope that a real understanding of their gravity may

some day take the place of the many misconceptions regarding them, that now occupy the mind of the average layman?

You, who have served your time in the operating-room, are familiar with the many mutilating operations that are performed upon women. The infected uterus, the tubo-ovarian abscess, skilfully removed by the gynecologist, are due in at least seventy-five per cent. of all cases to the effects of gonorrhœa. It is stated by ophthalmologists that twenty-five per cent. of all blindness is due to this disease, the germs finding entrance into the eye directly from the birth-canal of the infected mother, or by indirect infection from pus upon the hands, towels, etc.

Regarding syphilis, "the sins of the father" still appear in his offspring, although the virulency of this disease is undoubtedly less than it was one hundred or more years ago.

It may be of interest to mention an hypothesis that has been suggested by some syphilographer whose name I cannot recall, and whose writing upon the subject I have been unable to find. He suggests that the reason that syphilis is less active than it was in ancient times is due to the probability that all families have become more or less tainted with it, and have thus developed a resistance to the disease.

Among the most active forces in the work of prophylaxis in France, Tuffier mentions the collaboration of Professor Fournier, the well known syphilographer, and M. Brieux, the dramatic author. The former having done much in the cause by his writings, and the latter by his play, "Les Avariés," which has achieved wide recognition. "Les Avariés" (meaning "The Tainted") is a play in which the syphilitic taint is prominently presented. Their programme is "to tell everybody regarding the existence and danger of syphilis, and to increase the facilities for treatment." The education of the people regarding venereal matters is effected by an active propaganda. A series of conferences is established wherever men are grouped together. Thousands of pamphlets are distributed, for example, "The League Against Syphilis," "The Social Danger of Syphilis," "For Our Sons When Eighteen Years Old," etc.

In a paper read at the same meeting of the American Medical Association, Holton³ includes a circular which is issued by the State Board of Health of Vermont, to be handed to those having venereal diseases. In it are briefly described the precautions that should be observed by one who is infected, to protect his family and other innocent persons. Some such circular should be distributed in every venereal clinic, and, I believe, in private practice also, as it is next to impossible, when many cases are seen daily, to impress upon each patient the dangers of transmitting these diseases to the innocent.

In considering the part that the trained nurse may play in spreading correct knowledge regarding these matters, when she can properly do so, it is first necessary that she be well informed upon the subject.

From what I have been able to learn, most training-schools for women do not take up the subject of venereal diseases at all, probably from the fact that these cases belong to the male nurse.

While I would not be understood as advocating practical instruction in the care of this class of cases, for women, I believe that all training-schools should include among their lectures a number upon this subject. Nor do I wish to seem to urge upon the nurse the idea that she must be an ever active missionary in this field. She should be well informed about these matters, and use her knowledge with tact and discretion when opportunity occurs.

I wish to say a word to those who may be engaged as hospital superintendents. Elsewhere in this paper the irrational attitude of the managers of hospitals towards acute venereal cases has been mentioned. Your influence, when it can be used, should certainly be exercised to correct this very wrong condition. The function of the medical man is to cure disease, however it may be acquired, and it is as surely the duty of the hospital and its staff, including its nurses, to assist in every possible direction.

Even if the venereal patient deserves no consideration on his own account, his speedy cure is a vitally important matter as a protective measure for his family and the public at large. Much could be done to overcome the unwillingness to come in contact at all with these patients, that is frequently shown by women nurses, even in the matter of feeding them, if in the lectures that I have suggested they were made to understand that these cases are no menace to the attendant, or family of the patient, if proper precautions are observed.

In closing I wish to extend to all present the invitation of the society to come to its meetings, and to join in its work if it appeals to you.

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